

12-06-01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	D-2778/WOD
First Inventor	Krajewski, T. G. et al.
Title	ENHANCED TOUCH-SCREEN DISPLAY SYSTEM
Express Mail Label No.	ET320402868US

Only for new nonprovisional applications under 37 CFR 1.53(b)

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
 2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
 3. ☒ Specification [Total Pages (preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
 4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets - 5. ☒ Oath or Declaration [Total Pages - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information:

Examiner: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☐ (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	William O'Driscoll - 12-1				
Address	The Trane Company				
	3600 Pammel Creek Road				
City	La Crosse	State	WI	Zip Code	54601
Country	United States	Telephone	608-787-2538	Fax	787-3755

Name (Print/Type)	William O'Driscoll	Registration No. (Attorney/Agent)	33,294
Signature	<i>William O'Driscoll</i>	Date	10/19/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**4314.00**

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Krajewski, T. G. et al.
Examiner Name	
Group Art Unit	
Attorney Docket No.	D-2778/WOD

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **20-1434**
Deposit Account Name **The Trane Company**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	740.00
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)**740.00**

2. EXTRA CLAIM FEES

Total Claims **137** - 20** = **117** X **18.00** = **2106**
Independent Claims **20** - 3** = **17** X **84.00** = **1428**
Multiple Dependent =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**3534.00**

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**40.00**

SUBMITTED BY

Name (Print/Type)	William O'Driscoll	Registration No. (Attorney/Agent)	33,294	Telephone	608-787-2538
Signature	<i>William O'Driscoll</i>	Date	10/19/01		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

Krajewski, T. G. et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	Ind.						51	41				
2		1					52	41				
3		2					53	52				
4		2					54	48				
5		4					55	Ind.				
6		2					56	55				
7		1					57	56				
8		7					58	56				
9		8					59	56				
10		9					60	55				
11		10					61	60				
12		11					62	61				
13		12					63	62				
14		13					64	63				
15		2					65	64				
16		2					66	65				
17	Ind.						67	66				
18		17					68	56				
19		18					69	56				
20		18					70	Ind.				
21		20					71	70				
22		21					72	71				
23		22					73	71				
24		23					74	73				
25		23					75	74				
26		25					76	75				
27		25					77	75				
28		26					78	77				
29		17					79	77				
30		29					80	78				
31		30					81	70				
32		31					82	81				
33		32					83	82				
34		33					84	83				
35		33					85	84				
36		35					86	84				
37		36					87	86				
38		35					88	87				
39		37					89	86				
40	Ind.						90	88				
41		40					91	Ind.				
42		41					92	91				
43		42					93	91				
44		43					94	92				
45		43					95	91				
46		40					96	92				
47		41					97	92				
48		40					98	94				
49		41					99	92				
50		41					100	99				
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

100040544 at 10:00 AM

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

Krajewski, T. G. et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
101		95				
102	Ind.					
103		102				
104		103				
105		104				
106		104				
107		104				
108	Ind.					
109		108				
110		109				
111		110				
112		110				
113	Ind.					
114		113				
115	Ind.					
116		115				
117	Ind.					
118		117				
119		118				
120	Ind.					
121		120				
122	Ind.					
123		117				
124		118				
125	Ind.					
126		120				
127	Ind.					
128		117				
129		118				
130	Ind.					
131		120				
132	Ind.					
133	Ind.					
134	Ind.					
135		113				
136	Ind.					
137		115				
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	20					
Total Depend	117					
Total Claims	137					

*		*		*	
Indep	Depend	Indep	Depend	Indep	Depend
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
Total Indep					
Total Depend					
Total Claims					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE PATENT APPLICATION OF:

THOMAS G. KRAJEWSKI AND
JEFFREY J. DEGROOT

U.S. SERIAL NO: UNKNOWN

GROUP: UNKNOWN

FILED: CONCURRENTLY

EXAMINER: UNKNOWN

FOR: ENHANCED TOUCH-SCREEN DISPLAY
SYSTEM

La Crosse, Wisconsin
October 19, 2001

CERTIFICATE OF MAILING BY EXPRESS MAIL

UNDER 37 C.F.R. 1.10

Assistant Commissioner for Patents

Washington, D.C. 20231

Dear Sir:

I hereby certify that the attached "Patent Application" is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on October 19, 2001, and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. The number of the Express Mailing label is ET320402868US.

Respectfully Submitted,



William O'Driscoll
Registration No. 33,294

Telephone Number: (608) 787-2538

44-38861-1000